

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4908HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2008
NAME OF PROVIDER OR SUPPLIER THE SILVER BUTTERFLY			STREET ADDRESS, CITY, STATE, ZIP CODE 2125 CIELO VISTA DRIVE RENO, NV 89441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 000	Initial Comment This Statement of Deficiencies was generated as a result of a Complaint Investigation conducted in your facility on 8/26/08. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. Complaint #NV00019002 was substantiated. See TAG H999.	H 000			
H999	Final comments This Regulation is not met as evidenced by: Based on record review on 8/26/08, the facility failed to have an ultimate user agreement for 1 of 2 residents. Findings include: The facility did not have a file containing an ultimate user agreement for Resident #2. NRS 449.0105 " Home for individual residential care " defined. " Home for individual residential care " means a home in which a natural person furnishes food, shelter, assistance and limited supervision, for compensation, to not more than two persons with mental retardation or with disabilities or who are aged or infirm, unless the persons receiving those services are related within the third degree of consanguinity or affinity to the person providing those services. The term	H999			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H999	<p>Continued From page 1</p> <p>does not include:</p> <ol style="list-style-type: none"> 1. A halfway house for recovering alcohol and drug abusers; or 2. A home in which supported living arrangement services are provided by a provider of supported living arrangement services during any period in which the provider of supported living arrangement services is engaged in providing supported living arrangement services. <p>Based on record reviews, interviews, and observations on 8/26/08, it was determined the facility had admitted five residents, which exceeded their licensing requirements.</p> <p>An on-site visit was conducted on 8/26/08. Employee #1 reported there were five elderly people paying to live in the facility.</p> <p>Resident #1 was approximately 70 years of age and was admitted to the facility in May of 2008. Her rental agreement indicated she would pay \$1650.00/month for room and board. Resident #1 was interviewed in the backyard at the picnic table. She stated, "The facility assists me with my medication. They keep it and make sure I get my medication when I am supposed to and they take me to the doctor when I need to go."</p> <p>Resident #2 was approximately 65 years of age and was admitted to the facility on 6/18/07. The facility had no file on-site for this resident, but they did have daily records of blood sugar tests and insulin administered to the resident. Employee #2 stated she was testing his blood sugars and administering the resident's insulin. She also stated he was paying \$2800.00/month. Resident #2 was very hard of hearing and he could only state his name with some prompting.</p>	H999			

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H999	<p>Continued From page 2</p> <p>Resident #3 was approximately 65 years of age and was admitted to the facility on 6/23/08. His file contained a contract agreement stating he would pay \$3500.00/month. His file also contained a signed ultimate user agreement, an activities of daily living assessment, and a report from his doctor with a diagnosis of Alzheimer's disease and dementia. Resident #3 was interviewed in the backyard at the picnic table. He stated, "They assist me with my medication, but I am only taking eye drops currently." Record review of the medication administration record revealed the resident was receiving two other daily medications.</p> <p>Resident #4 was approximately 70 years of age and was admitted to the facility in May of 2008. The facility could not find her rental agreement, but Employee #2 stated the resident was paying \$1650.00/month for room and board. The resident was asleep during this visit and was not interviewed. Employee #2 reported she was administering medication to this resident.</p> <p>Resident #5 was approximately 90 years of age and was admitted to the facility on 9/19/07. The facility could not find her rental agreement, but Employee #2 stated the resident was paying \$1650.00/month for room and board. The resident was very hard of hearing and did not respond to questions. Employee #2 reported she was administering medication to this resident.</p> <p>Employee #2 was interviewed and was asked where the medications for the residents were kept. The employee showed the surveyor to the locked pantry. Within the pantry she opened a locked cabinet to reveal large plastic bags containing bulk medication for all the residents. She stated, "I put the medications for the three</p>	H999			

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H999	Continued From page 3 renters in these seven day pill containers and give them to the renters and make sure they take them." For the residents, she reported she put the resident's medications in pill cups and made sure the residents took them. She further reported all the medications were locked up in the cabinet so they were safe from the other residents. After review of resident records, observations, interviews with residents, and interviews with the caregivers, Residents #1, #2, #3, #4 and #5, all required some level of supervision, care and medication assistance. It was determined the owner of the facility had admitted five residents to a facility licensed for two, was over census and therefore operating a Residential Facilities for Groups without a license.	H999			
HA041	Records of Residents-All Resident Requirments NAC 449.15527 The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (a) The full name, address, date of birth and social security number of the resident; (b) The address and telephone number of the resident's physician and a person who is responsible for the resident; (c) A copy of the results of a general physical examination of the resident conducted by his physician; and (d) A current copy of the assessment of the needs of the resident conducted pursuant to NAC 449.15523.	HA041			

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HA041	<p>Continued From page 4</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/26/08, the facility failed to maintain a resident file for 1 of 2 residents.</p> <p>Findings include:</p> <p>The facility did not have a file for Resident #2 that contained the full name, address, date of birth and social security number of the resident, the address and telephone number of the resident's physician and a person who is responsible for the resident, a copy of the results of a general physical examination of the resident conducted by his physician and a current copy of the assessment of the needs of the resident conducted pursuant to NAC 449.15523.</p>	HA041		

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